Required Project Information:
Report To: Tom Moe
Copy To: Section C Invoice Information: Attention: Company Name: Address: PM MMW Die Date 05/21/17 CLIENT USS CORP

				6.	8		ω	5					ITEM #		Request	Phone:	Email:	Mountain	Compan	Section A Required
		30 ED. 65 mm 20 100								WS-003 Thickener Overflow	WS-003 Thickener Overflow	WS-002 Scrubber Make-Up	SAMPLE ID One Character per box. (A-Z, 0-91, -) Sample lds must be unique			(218)749-7485 Fax:	Email: tmoe@uss.com	Mountain Iron, MN 55768	y: USS Corporation	딢
								The second					MATRIX CODE Deninking Weber DW Victor WT Vasta Water WW Product P Solf/Solid SL Oil Oil Vice AR Other TS		Project #	Project Name:	Purchase Order #:	Сору То:	Report To:	Section B Required Project Information:
			-				Sta			ş	ş	×	MATRIX CODE (see valid codes to le	<u> </u>			der#:		Tom Moe	roject l
				<u> </u>	ļ		100			F-	<u> </u>	<u>ه</u>	SAMPLE TYPE (G=GRAB C=COM	P)		NPDES.			Moe	nforma
S P B	anforestate				 				ļ ,	6-7-708'59'6-7-708'50	6-7-708'506-7-708'50	6-7-709'00'F277709'0C	START TIME			NPDES-LINE 3 WK1				tion:
PRINT Name of SAMPLER: SIGNATURE of SAMPLER:	`				-				۱	<u>E</u>	6-7	8 63	COLLECTED F DATE							
INT Name of SAMPLER:	6		 	-				<u> </u>	<u> </u>	<u> </u>	7700	770	<u>'''</u> ₽							• ,
SAMPL	6-717									3,	'n	9. po	TIME							
R R		音道		┿				-		 	, ·		SAMPLE TEMP AT COLLECTION # OF CONTAINERS	- 	Ģ.	<u>.</u>		2 8) ≥	π φ
7 2	 (3',)								\vdash				Unpreserved	$\exists 1$	Pace Profile #:	Pace Project Manager:	Ca Q	Address:	Attention:	Section C Invoice Information:
Coverage	6												H2SO4		ofile#	oject t	ole:	y Nan	<u>-</u>	C
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	431												Na2S2O3		ļ	hea				
4/2	2	圖											Methanol			ther z				
	3		1 1						Щ.	<u> </u>			Other Analyses frest ## 174		e e	eather zika@pacelabs.com				
			T : [-						l		×	×	LAB FILTERED: SO4			acela				
DATE				ļ. <u>.</u>							×	×	Lab FILTERED: Ca,Mg,Hard			S CON				_ a_ vern JW (Si
DATE Signed:				-						×		 	CI,F		- -	1				o P
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	20		$\overline{\Box}$	-											WORKS.					ים פר
TEMP in C	3,2		<u> </u>					.					Residual Chlorine (Y/N)		OHER PERSONS		##IKegies			RP Pass
Received on Ice (Y/N)	×										LABFILI	LAB FILT			NO STATE OF THE PERSON NAMED IN		Services			
Custody Sealed Cooler	2										AB FILTERED, LAB FILTERED	LA6 FILTERED,LAB FILTERED			25/15/2000 PARTY COLUMN		encyman	THE RESIDENCE OF THE PARTY OF T		
(Y/N) Samples Intact (Y/N)	*										FILTERED	FILTERED			W. Definition of the second		WHITE SERVICE		Carried Services	



Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.10 Document Revised: 15Mar2016 Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office Sample Condition Upon Receipt Client Name: Project (

Commercial Pace	Other		Client	QLIENT: USS CORP							
Tracking Number:		·									
Custody Seal on Cooler/Box Present?	No	Seals	Intact?	Yes No Optional: Proj. Due Date: Proj. Name:							
Packing Material: Bubble Wrap Bubble Ba	gs 📈	one [_Other:_	Temp Blank? Yes No							
Thermometer Used: 🖊 140792808	Type of	Ice: 🔽	ਔWet [☐Blue ☐None ☐Samples on ice, cooling process has begur							
		,									
Cooler Temp Read °C: 29 Cooler Temp Co Temp should be above freezing to 6°C Correction Fact	or: 0	13	Date an	d Initials of Person Examining Contents:							
Chain of Custody Descent?				Comments:							
Chain of Custody Present?	Yes	□No_	N/A	1.							
Chain of Custody Filled Out?	Yes	□No	N/A_	2,							
Chain of Custody Relinquished?	Yes	No	□N/A	3.							
Sampler Name and Signature on COC?	∏ /es	□No	□N/A	4.							
Samples Arrived within Hold Time?	 /-										
Samples Arrived within Hold Time? Short Hold Time Analysis (<72 hr)?	ZÝes □v	□No	N/A	5. If Fecal: <8 hours >8, <24 hours >24 hours							
Rush Turn Around Time Requested?	Yes		N/A	6.							
Sufficient Volume?	☐Yes	M₀	□N/A	7.							
Correct Containers Used?	(∑Yes	No_	N/A	8.							
-Pace Containers Used?	[Z]Yes	□No	□N/A	9.							
Containers Intact?	✓Ves	□No	□N/A	40							
Filtered Volume Received for Dissolved Tests?	ZYes □ ✓	_ □No	N/A_	10.							
Sample Labels Match COC?	₩es	□No	□N/A	11. Note if sediment is visible in the dissolved containers.							
-Includes Date/Time/ID/Analysis Matrix:	Ves	□Na	□n/a	12.							
) 			Soo pld log for regults and additional							
All containers needing acid/base preservation will be checked and documented in the pH logbook.	□Yes	□No	ZÎN/A	See pH log for results and additional preservation							
Headspace in Methyl Mercury Container	□Yes	□No	N/A	documentation							
Headspace in VOA Vials (>6mm)?	□Yes	□No	N/A	14.							
Trip Blank Present?	Yes	No	N/A N/A	15.							
Trip Blank Custody Seals Present?	∐Yes	□No	ZN/A								
Pace Trip Blank Lot # (if purchased):			<i>(</i> —,								
CLIENT NOTIFICATION/RESOLUTION				Fillips of the Chi							
				Field Data Required? Yes No							
Person Contacted: Comments/Resolution:				Date/Time:							
Sommer Control of the											
FECAL WAIVER ON FILE V N		TEM	DEDATIO	DE MANGED ON THE AVEN							

Project Manager Review:

Project Manager Review: Date: 6/8//
Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)